

Message Text

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ACTION IO-14

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INFO SECSTATE WASHDC 4796

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NEW DELHI PLEASE PASS MRS SCHAFER, SCI & TECH ATTACHE
DEPARTMENT PLEASE PASS TO OIH/HEW

E.O.11652: N/A
TAGS: SWEL IN
SUBJECT: REQUESTED COMMENTS ON MULTIPURPOSE WORKERS'
SCHEME, PUNJAB

1. TRANSMITTED HERewith ARE COMMENTS ON SUBJECT STUDY, AS
REQUESTED, BY DR ROBERT FORTUINE, INTERNATIONAL HEALTH
ATTACHE, FOR DR B.C. GHOSHAL, ASST DIRECTOR GENERAL OF
HEALTH SERVICES, GOI (BEGIN QUOTE):

DEAR DR GHOSHAL,

PLEASE ACCEPT MY SINCERE APOLOGIES FOR THE DELAY IN COM-
MENTING ON THE REPORT "MULTIPURPOSE WORKERS SCHEME UNDER
HEALTH AND FAMILY WELFARE IN PUNJAB". THE FIRST COPY,
FORWARDED FROM ALASKA, REACHED ME ONLY ABOUT TEN DAYS AGO,
WITH THE SECOND COPY ARRIVING A FEW DAYS LATER.

I AM GRATEFUL FOR THE OPPORTUNITY TO COMMENT BUT MUST
EMPHASIZE MY LIMITED EXPERIENCE IN INDIA AND IN PARTICULAR
MY UNFAMILIARITY WITH THE SPECIFIC PROJECT DISCUSSED.
DR VIJAY KUMAR OF PGI CHANDIGARH, HOWEVER, DID SHOW ME A
SIMILAR PROJECT IN THE PUNJAB.

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I SHALL DIVIDE MY BRIEF COMMENTS UNDER TWO HEADINGS; FIRST,
THOSE CONCERNING THE EVALUATION STUDY AND ITS APPROACH,
AND SECOND, THOSE ON THE MPW SCHEME ITSELF AND THE FIND-
INGS OF THE TEAM.
A. EVALUATION

IT IS APPARENT THAT THE EVALUATION TEAM WAS DILIGENT AND CONSCIENTIOUS IN ITS TASK. THE GOALS AND OBJECTIVES ARE CLEARLY STATED AND THE COMPLEX TASK WAS CARRIED OUT ON SCHEDULE. A FEW BRIEF COMMENTS FOLLOW:

1) INVOLVEMENT OF THE NATIONAL HEALTH MINISTRY AT A HIGH LEVEL IS MOST VALUABLE IN ASSURING SUCCESS AND COOPERATION AND FACILITATING CORRECTIVE ACTION.

2) EXPLICIT DESCRIPTION AND PUBLICATION OF THE METHODOLOGY IS HELPFUL SINCE IT CAN SERVE AS A GUIDE FOR EVALUATION EFFORTS AT OTHER LEVELS, ESPECIALLY SINCE THE MPW SCHEME IS BEING INTRODUCED GRADUALLY.

3) EVEN GREATER EMPHASIS MIGHT HAVE BEEN GIVEN TO INTER-VIEWS AND ASSESSMENT OF CONDITIONS AT THE VILLAGE LEVEL. ONLY A FEW VILLAGES AND A FEW PERSONS WITHIN EACH ONE WERE APPARENTLY VISITED.

4) EVALUATION TEAMS IN THE FUTURE MIGHT PROFITABLY INCLUDE EXPERIENCED MPW (MALE AND FEMALE) AND PERHAPS EVEN A FEW RESPECTED VILLAGERS WHO ARE USERS OF SERVICES.

5) TEAM SHOULD BE SENSITIVE TO THE CAUSES OF "BOTTLENECKS" IN THE IMPLEMENTATION PHASE AND TRY TO RECOMMEND SPECIFIC ACTION STEPS TO DEAL WITH UNDERLYING PROBLEMS. THE GOVERN-
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MENT COULD THEN ENSURE THAT THESE STEPS ARE CARRIED OUT, SO THAT A "MODEL OF SUCCESS" CAN BE USED TO EXTEND THE SCHEME ELSEWHERE.

6) A FOLLOW UP EVALUATION MIGHT BE CARRIED OUT IN ABOUT A YEAR IN THE SAME HFWTC'S AND DISTRICTS TO ASSESS PROGRESS TOWARD FULL IMPLEMENTATION OF THE SCHEME.

B. THE MPW PROGRAM

UNQUESTIONABLY, THE MPW PROGRAM OFFERS GREAT POTENTIAL FOR GOOD IN DEVELOPING IMPROVED RURAL HEALTH SERVICES. IMPLEMENTATION OF SUCH A TOTALLY NEW APPROACH, HOWEVER, PRESENTS MANY DIFFICULTIES, AS THE TEAM HAS CLEARLY SET FORTH.

THE FOLLOWING COMMENTS ARE LARGELY BASED ON MY EXPERIENCE WITH A SIMILAR PROGRAM IN ALASKA.

1) MUCH DEPENDS ON THE FEELING OF IDENTIFICATION AND ENTHUSIASM WITH WHICH AN MPW OR HA APPROACHES THE JOB. MULTIDISCIPLINARY WORK, OF COURSE, IS MUCH MORE COMPLEX AND THREATENING THAN THE "VERTICAL" OR SPECIALIZED TASKS OF THE PRESENT HEALTH WORKERS, SI'S AND LHV'S. THE WHOLE PHC

STAFF, INCLUDING THE PHYSICIANS, MUST CONSTANTLY REINFORCE A POSITIVE ATTITUDE.

2) IT MIGHT HAVE BEEN HELPFUL, AS THE REPORT POINTS OUT, IF THE PHYSICIANS HAD HAD THEIR TRAINING IN THE MPW CONCEPT BEFORE THE HA'S AND MPW WERE TRAINED. THE DOCTORS' ATTITUDES ARE VERY IMPORTANT AS A MODEL FOR OTHER HEALTH WORKERS.

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3) IT WOULD BE DESIRABLE, IF POSSIBLE, TO TRY TO INVOLVE THE VILLAGERS MORE MEANINGFULLY IN THE PROGRAM. THIS COULD BE DONE, FOR EXAMPLE, BY FORMING HEALTH COMMITTEES, PERHAPS AS ADJUNCTS TO THE PANCHAYAT, AND BY HAVING THE MPW, WHEN POSSIBLE, SELECTED BY THEM FROM THE SUB-CENTER VILLAGE POPULATION.

4) IS IT POSSIBLE FOR AN EXPERIENCED MPW TO BECOME, WITH ADDITIONAL TRAINING OF COURSE, AN HA? THIS KIND OF PROMOTION OPPORTUNITY WOULD SEEM TO IMPROVE JOB PERFORMANCE BY RAISING PERSONAL ASPIRATIONS.

5) THE RECORD SYSTEM REQUIRED OF THE WORKERS SEEMS VERY COMPLEX AND REFLECTS THE "VERTICAL" APPROACH. COULD A MORE SIMPLIFIED SYSTEM BE DEvised THAT WOULD TAKE LESS TIME FROM CLINICAL DUTIES AND AT THE SAME TIME ENCOURAGE MORE INTEGRATED HEALTH CARE?

6) AS YOU WELL KNOW, THE LESS ADMINISTRATIVE RESPONSIBILITY GIVEN TO PHYSICIANS IN THE FIELD, THE BETTER. BEE'S OR EVEN EXPERIENCED HA'S COULD BE TRAINED AS PHC ADMINISTRATIVE OFFICERS, AND RELIEVE DOCTORS OF THIS RESPONSIBILITY.

7) A TWO WAY RADIO NETWORK HAS BEEN USED SUCCESSFULLY IN ALASKA FOR MANY YEARS. THE EQUIPMENT IS SIMPLE TO OPERATE
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AND IS NOT EXPENSIVE. A BASE STATION AT THE PHC WITH TRANSCEIVERS AT THE SUBCENTERS COULD BE USED FOR A) CLINICAL DISCUSSION OF SERIOUS CASES OR THOSE NEEDING EVACUATION; B) ORDERING OF URGENT SUPPLIES; C) CONTINUING EDUCATION OF SC STAFF; D) REPORTING OF ADMINISTRATIVE PROBLEMS; E) SPECIAL INSTRUCTIONS. THE SAVINGS IN TRANSPORTATION TIME AND MONEY MIGHT PAY FOR THE EQUIPMENT WITHIN A BRIEF TIME.

8) IS THERE ANY MOVE TO INVOLVE THE AYURVEDIC OR UNANI PRACTITIONERS IN THE RURAL HEALTH SCHEME?

PLEASE CONSIDER THESE REMARKS AS ONLY MEANT TO BE HELPFUL IN YOUR EVALUATION. I AM VERY SUPPORTIVE OF THE MULTI-PURPOSE WORKER CONCEPT AND WISH YOU EVERY SUCCESS. THANK YOU FOR YOUR COURTESY IN SOLICITING MY COMMENTS.

I HAVE ASKED A COLLEAGUE OF MINE IN ANCHORAGE TO FORWARD TO YOU SOME MATERIALS ON OUR RURAL HEALTH WORKER PROGRAM IN ALASKA.

- MOST SINCERELY,
- SIGNED: ROBERT FORTUINE, M.D.

(END QUOTE)SORENSEN

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